

215037254
60202

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 079	Agency Case No. B5-084807	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015		TIME OF ACCIDENT 0155	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0156	09/14/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O St/Centennial Mall-14 St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	72.00		X Centennial Mall			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	1				05 7 6 2 01	1
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13604985		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	ELLIS T CLOPTON		PHONE	402-414-1366	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/03/1997	
G	OWNER	RICHARD E CLOPTON		PHONE	402-297-6119	
2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
H	LICENSE PLATE	PA NO.	44F626	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	2014	Mazda	3	4 door Sedan	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 200
V2/O	VEHICLE ID NO. (VIN)	JM1BM1U73E1217781		INSURANCE COMPANY	USAA	
I	TOWED TO	TOWED BY		POLICY NO.	004282826C	
J	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
K	OWNER			PHONE	LOCAL NO.	
01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
01	2014	Mazda	3	4 door Sedan	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
K	VEHICLE ID NO. (VIN)			INSURANCE COMPANY		
01	TOWED TO	TOWED BY		POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		02/14/1985	3 Body Region	4 Injury Sev.
0	Shawn N Votava	21314 Castle Rock Ln, Gretna, NE 68028			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

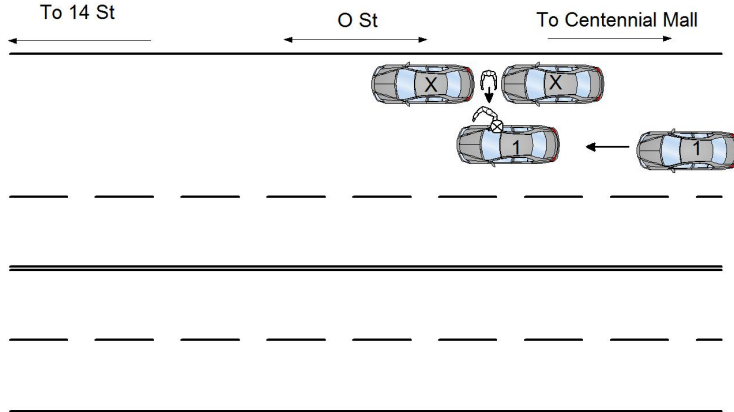
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084807



Indicate
North
by Arrow



Not To Scale

Vehicle moved prior to arrival,
unable to determine exact
POI; all measurements approximated

POI:
70' 6" W of W curb of
Centennial Mall
2' S of N curb of O St

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was traveling WB on O St from Centennial Mall. D1 stated he was driving when P1 suddenly walked out from between two parked vehicles and attempted to brake but was unable to avoid colliding with V1. V1's veh damage was only a broken side view mirror. P1 stated he was attempting to waive down a taxi when he stumbled out too far into the street and got in front of V1. P1 was noted to have a bruise beginning to form on his left elbow and refused medical treatment. P1 was noted to be extremely intoxicated on contact. P1 was apologetic throughout contact. W1 gave a similar account. P1 was cited/released for pedestrian disobey traffic control device. AP1724

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Evan Hergott	ADDRESS 21915 Granada, Gretna, NE 68028	PHONE 402-429-4710		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																											
1				X	O St								4				2				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																																	
Y		Y	Y																																	
N	X	N	N																																	
2																																				
1	01	06 Turning left			VEHICLE 1				VEHICLE 2				1 None used - vehicle occupant				<table border="1"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1												
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																																		
1																																				
2		07 Making U-turn			POINT OF IMPACT				POINT OF IMPACT				2 Lap & shoulder belt used				<table border="1"> <tr> <th>ALCOHOL LEVEL TESTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> </tr> </table>				ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	N	X	N										
ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2																																		
N	X	N																																		
		08 Entering traffic lane			MOST DAMAGED AREA				MOST DAMAGED AREA				3 Shoulder belt only used				<table border="1"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				BAC LEVEL	Driver No. 1	Driver No. 2													
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		09 Leaving traffic lane			00 None				01				4 Lap belt only used				<table border="1"> <tr> <th>NEITHER ALCOHOL NOR DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> </table>				NEITHER ALCOHOL NOR DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1												
NEITHER ALCOHOL NOR DRUGS SUSPECTED	Driver No. 1	Driver No. 2																																		
1																																				
		10 Parked			02 Top & windows				02				5 Child safety seat used				<table border="1"> <tr> <th>YES - ALCOHOL SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> </table>				YES - ALCOHOL SUSPECTED	Driver No. 1	Driver No. 2	2												
YES - ALCOHOL SUSPECTED	Driver No. 1	Driver No. 2																																		
2																																				
		11 Slowing or stopped in traffic			03 Undercarriage				03				6 Child booster seat used				<table border="1"> <tr> <th>YES - DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>				YES - DRUGS SUSPECTED	Driver No. 1	Driver No. 2	3												
YES - DRUGS SUSPECTED	Driver No. 1	Driver No. 2																																		
3																																				
		12 Other			04 Total (all areas)				04				7 DOT approved helmet used				<table border="1"> <tr> <th>YES - ALCOHOL & DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> </table>				YES - ALCOHOL & DRUGS SUSPECTED	Driver No. 1	Driver No. 2	4												
YES - ALCOHOL & DRUGS SUSPECTED	Driver No. 1	Driver No. 2																																		
4																																				
		13 Unknown			05				05				8 Costume helmet used				<table border="1"> <tr> <th>UNKNOWN</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </table>				UNKNOWN	Driver No. 1	Driver No. 2	5												
UNKNOWN	Driver No. 1	Driver No. 2																																		
5																																				
					06				06				9 Restraint use unknown																							

OFFICER NO. 1724	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Aaron Peth	INVESTIGATOR SIGNATURE Approved by Ofc. Aaron Peth	DATE OF REPORT 09/14/2015	